

**RECONCILIATION OF MARION COUNTY OCCUPATIONAL LICENSE FEE WITHHELD
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2_____**

(This return must be filed on or before February 28)

Employer Name_____

Address_____

City_____ **State**_____ **Zip**_____

1. EMPLOYEE LIST (Use Continuation Sheet, Form 543C for additional employees or use W-2 Forms in lieu of 543C)

Social Security No.	Name & Address of Employee	Gross Wages, etc. Paid	Wages, etc. Allocable to Marion County	Occupational License Tax Withheld

2. TOTAL THIS PAGE.....

3. TOTAL ALL PAGES.....

4. TOTAL PAGES THIS REPORT.....

5. TOTAL NO. EMPLOYEES REPORTED.....

6. QUARTERLY TOTALS (As Reported on Form 541Q)

QUARTER	Gross Wages, Etc.	Wages Allocable to Marion County	License Fee Payable @1%	Amount Remitted to City of Marion County
1st				
2nd				
3rd				
4th				
7. TOTALS				

***NOTE: TOTALS SHOULD AGREE WITH TOTALS IN ITEM NO. 3**

I declare that to the best of my knowledge and belief, that all information provided herein is true, complete, and correct.

Signature

Date

Title

Make checks payable and mail return to County Treasurer, 223 North Spalding Ave., Suite 201, Lebanon, KY 40033